

FORM B—APPLICATION FOR ADDITIONAL CLINICAL LABORATORY TESTING SITES

List primary clinical laboratory and all additional clinical laboratory testing sites.

Return Form B with form LAB 144 to: State of California, Department of Health Services
LABORATORY FIELD SERVICES
1111 Broadway, 19th Floor
Oakland, CA 94607-4036

PRIMARY SITE		California ID number
Laboratory name	CLIA number	
Laboratory location (number including room or suite number, street)	Telephone number ()	
City	State	ZIP code

ADDITIONAL SITE		
Laboratory name	Telephone number ()	
Laboratory location (number including room or suite number, street)		
City	State	ZIP code

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Laboratory location (number including room or suite number, street)		
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